

POSITION		ID NO.	DATE
CLASSIFIER		26	5/10/93
EXAMINER		357	05/12/93
TYPIST		359	5-13-93
VERIFIER		231	5-13-93
CORPS CORR.			
SPEC. HAND			
FILE MAINT.			
DRAFTING			

### INDEX OF CLAIMS

Claim	Date
Final Original	
1	6/19/93
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
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#### SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Canceled
- + ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
Final Original	
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